

**THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH**

State File No. **3794**

No. 300  
10-48

BIRTH NO. _____		REG. DIST. NO. <b>38</b>		PRIMARY REG. DIST. NO. <b>3006</b>		Registrar's No. <b>80</b>	
1. PLACE OF DEATH a. COUNTY <b>Boone</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: residence before admission). a. STATE <b>Mo</b> b. COUNTY <b>Boone</b>			
b. CITY (If outside corporate limits, write RURAL and give township) <b>Columbia</b>		c. LENGTH OF STAY (in this place) _____		c. CITY OR TOWN <b>North Kansas City</b> <b>Springfield</b>		Is Residence within limits of city or incorporated town? Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	
d. FULL NAME OF HOSPITAL OR INSTITUTION <b>Ashland Gravel Road</b>				e. STREET ADDRESS (If rural, give location) <b>Unknown</b>			
3. NAME OF DECEASED (Type or Print) a. (First) <b>Hugh</b>		b. (Middle) <b>Wade</b>		c. (Last) <b>Brown</b>		4. DATE OF DEATH (Month) (Day) (Year) <b>Feb. 25, 1956</b>	
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. MARRIED, NEVER MARRIED, WIDOWED, DIVORCED (Specify) <b>Never married</b>	8. DATE OF BIRTH <b>7/12/1933</b>		9. AGE (In years last birthday) <b>22</b>	IF UNDER 1 YEAR Months _____ Days _____	IF UNDER 24 HRS. Hours _____ Min. _____
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Student</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>School</b>		11. BIRTHPLACE (City, State, and Foreign Country) <b>Wichita, Kansas</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>	
13a. FATHER'S NAME <b>Brown, Calvin D</b>			13b. MOTHER'S NAME <b>McKee, Rose</b>			14. NAME OF HUSBAND OR WIFE <b>None</b>	
15. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) <b>Yes 12/3/51-12/2/53</b>		16. SOCIAL SECURITY NO. <b>490-34-6350</b>		17. INFORMANT'S SIGNATURE OR NAME: <b>Personal papers</b> ADDRESS _____			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c)) <i>This does not mean the mode of dying, such as heart failure, asphyxia, etc. It means the disease, injury, or complication which caused death.</i>		MEDICAL CERTIFICATION I. DISEASE OR CONDITION DIRECTLY LEADING TO DEATH* (a) <b>Crushed skull - Hemorrhage</b>				INTERVAL BETWEEN ONSET AND DEATH <b>Instant -</b>	
		ANCECEDENT CAUSES *Morbidity conditions, if any, giving rise to the above cause (a) stating the underlying cause last. DUE TO (b) _____ DUE TO (c) _____					
		II. OTHER SIGNIFICANT CONDITIONS Conditions contributing to the death but not related to the disease or condition causing death.				<b>8234</b>	
19. DATE OF OPERATION _____		19b. MAJOR FINDINGS OF OPERATION <b>32</b>				20. AUTOPSY? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	
21a. ACCIDENT (Specify) <b>Home</b>		21b. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.) <b>Highway</b>		21c. (CITY, TOWN, OR TOWNSHIP) (COUNTY) (STATE) <b>Columbia Boone Mo.</b>			
21d. TIME OF INJURY <b>Feb. 25, 3:40 p.m.</b>		21e. INJURY OCCURRED WHILE AT WORK? <input type="checkbox"/> NOT WHILE AT WORK? <input checked="" type="checkbox"/>		21f. HOW DID INJURY OCCUR? <b>Lost control of car. He was driving crushed into tree - and crushed head.</b>			
22. I hereby certify that I attended the deceased from _____, 19____, to _____, 19____, that I last saw the deceased alive on _____, 19____, and that death occurred at <b>4:40 p.m.</b> , from the causes and on the date stated above.							
23a. SIGNATURE (Degree or title) <b>Johnson, M.D.</b>				23b. ADDRESS <b>Columbia, Mo</b>		23c. DATE SIGNED <b>2/25/56</b>	
24a. BURIAL, CREMATION, REMOVAL (Specify) <b>removal</b>		24b. DATE <b>2/26/1956</b>		24c. NAME OF CEMETERY OR CREMATORY _____		24d. LOCATION (City, town, or county) (State) <b>Wichita, Kansas</b>	

WRITE PLAINLY—USING UNFADING BLACK INK—MAKE A PERMANENT RECORD

DATE REC'D BY LOCAL REG. **Feb. 26, 1956** REGISTRAR'S SIGNATURE **Mrs. R.E. Palmer** 31-1  
 FUNERAL DIRECTOR'S SIGNATURE **Memorial Funeral Home, Columbia, Mo** ADDRESS \_\_\_\_\_

(Licensed Embalmer's Statement on Reverse Side)

MAR 8 1956

MAR 10 1956

MAR 30 1956

MAR 26 1956

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by ....., Student Embalmer No..... working under my personal supervision..

Student.....  
Signature of Student Embalmer

Signed *Lyman Gumble*

Licensed Embalmer No. *413*

P. O. Address *Columbia,*

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.